

**Texas Higher Education Coordinating Board
PRIMARY CARE TRACKING SYSTEM – 2004 ANNUAL SURVEY OF RESIDENTS**

Program Name _____ Coordinating Board Number _____

Person Completing Survey _____

Telephone Number () _____ E-mail Address _____

ACADEMIC YEAR 2003-2004: RESIDENTS IN TRAINING

	<u>Post Graduate Year (PGY)-1</u>	<u>TOTAL (Include IMGs)</u>
1. Number of Accreditation Council of Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) approved positions Include International Medical Graduates (IMGs)	_____	_____
2. Number of residents in training on September 1, 2003: PGY-1_____ PGY-2_____ PGY-3_____ PGY-4_____ (Include IMGs)	_____	_____

ACADEMIC YEAR 2003-2004: RESIDENTS SATISFACTORILY COMPLETING TRAINING

	<u>IMGs</u>	<u>TOTAL (include IMGs)</u>
3. Number of residents satisfactorily completing the residency program in Academic Year 2003-2004	_____	_____

Note: Please complete one copy of the attached Resident Completion Information Sheet for each resident satisfactorily completing the residency program between July 1, 2003 and June 30, 2004.

ACADEMIC YEAR 2003-2004: RESIDENTS LEAVING WITHOUT COMPLETING THE PROGRAM

	<u>IMGs</u>	<u>TOTAL (include IMGs)</u>
4. Total number of residents leaving without completing the program	_____	_____
5. USMG residents leaving without completing the program: PGY-1_____ PGY-2_____ PGY-3_____ PGY-4_____	_____	_____
6. IMG residents leaving without completing the program: PGY-1_____ PGY-2_____ PGY-3_____ PGY-4_____	_____	_____

Of those residents who left without completing the program, how many:

7. Left to enter another residency program	_____	_____
8. Left following conclusion of a transitional year	_____	_____
9. Left to go to a fellowship program	_____	_____
10. PGY levels of residents entering other residency program PGY-1_____ PGY-2_____ PGY-3_____ PGY-4_____	_____	_____
11. If resident(s) left to enter another residency program, please provide the name, location, and specialty of the residency program(s) _____	_____	_____

	<u>IMGs</u>	<u>TOTAL (include IMGs)</u>
12. Left to enter practice	_____	_____
13. Left to enter military service	_____	_____
14. Left to enter Public Health Service/National Health Service Corps	_____	_____
15. Left medicine	_____	_____
16. Left for other reason; provide brief explanation: _____	_____	_____

DUE TO THE COORDINATING BOARD: October 1, 2004

**Please mail this survey and the attached Resident Completion Information Sheets to:
Stacey Silverman, Program Director, THECB, P.O. Box 12788, Austin, Texas 78711**